
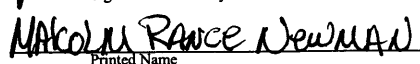
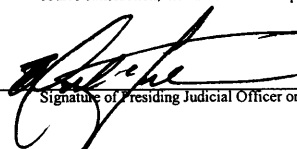
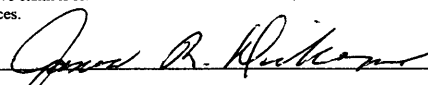
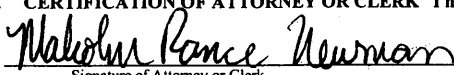



1. CIR./DIST./MT. CODE ALM		2. PERSON REPRESENTED Hawkins, Demetrius J.		3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:06-000012-004		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. Canady, et al		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=MD.F -- CONSPIRACY TO DISTRIBUTE MARIJUANA													
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>RE-TRIAL OF DEFENDANT</b>													
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). <b>Jury Trial Proceedings of 9/25/06 - 9/27/06</b>													
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)										Judge's Initials			
A. Apportioned Cost % of transcript with (Give case name and defendant)													
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Real Time Unedited Transcript													
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions													
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.													
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <div style="display: flex; justify-content: space-between;"> <div>             Signature of Attorney              Printed Name            Telephone Number: <u>334-712-2132</u>  <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization         </div> <div>           10/30/06            Date         </div> </div>						16. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted.  <div style="display: flex; justify-content: space-between;"> <div>             Signature of Presiding Judicial Officer or By Order of the Court            Date of Order            Name of Presiding Officer         </div> <div>           10/20/06            Date         </div> </div>							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other						18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS JAMES R. DICKENS P.O. BOX 921 Montgomery, AL 36102 Telephone Number: (534) 265-4850							
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE 259-78-7543													
20. TRANSCRIPT		Include Page Numbers		No. of Pages		Rate Per Page		Sub-Total		Less Amount Apportioned		Total	
Original		1-560		560		.83		464.80		- 0 -		464.80	
Copy													
Expenses (itemize):													
										TOTAL AMOUNT CLAIMED:		464.80	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  <div style="display: flex; justify-content: space-between;"> <div>           Signature of Claimant/Payee:             Date: 10/25/06         </div> </div>													
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  <div style="display: flex; justify-content: space-between;"> <div>             Signature of Attorney or Clerk            Date: 10/30/06         </div> </div>													
23. APPROVED FOR PAYMENT  Signature of Judicial Officer or Clerk Date: 11/1/06												24. AMOUNT APPROVED 464.80	